REVOCATION OF POWER OF

ATTORNEY OR

AUTHORIZATION OF AGENT

6502105959

TO: 915712731261

09/691,957

Schaevitz

1743

18 October 2000

PTO/SB/82 (05-03)

Approved for use through 11/30/2005. OAIB 0851-0035
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number

First Named Inventor

Filing Date

Art Unit

E		Examiner Name	Examiner Name			Quan, E.			
			Attorney Docket Number			049.00US (ACBI.049.00US)			
I hereby revo	oke all previous po plication:	wers	of attorney or at	uthorizat	ions o	f agen	t giver	n in the above-	
and ⊠ Please d	of Attorney or Authoriange the correspondence Number 33	onden				ntified a	ce Cust		
OR					L	Lal	bel here		
Firm <i>or</i>	l Name								
Address					-	-			
Address	, ,								
City									
Country				State			ZIP	4.	_
Telephone			÷	Fax					_
I am the:									
☐ Applicant/Inventor. ☑ Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
	SIGNAT	URE	of Applicant o	r Assigı	nee o	f Reco	rd		
Name	Stephen C. Macevicz, Vice President, Aclara BioSciences, Inc.								
Signature	State -								
Date	29 August 2003 -								
NOTE: Signatu Submit multiple	res of all the inventors of forms if more than one	or assi signa	gnees of record of the ture is required, see	ne entire lr below*.	terest	or their n	epresen	tative(s) are required.	

Total of _____forms are submitted. This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to fits (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTC/SB/81 (05-03)
Approved for use through 11/30/2005. OMB 0851-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unders it displays a valid OMB control number

Under the Paperwork Reduction Act of 1995, no persons a	are required to respond to a collection of in	ormation unless it displays a valid OMB control number.		
	Application Number	09/691.957		
	Filing Date	18 October 2000		
POWER OF ATTORNEY OR	First Named Inventor	Schaevitz		
AUTHORIZATION OF AGENT	Art Unit	1743		
	Examiner Name	Quan, E.		
	Attorney Docket Number	049.00US (ACBI.049.00US)		

POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

6502105959

I hereby ap	point:				ī	Olean Ossele and	
⊠ Practitio OR	ners at Cu	istomer Number	33603	}-		Place Customer Number Bar Code Label here	
☐ Practitio	ner(s) nan	ned below:					
	Name				Registration Number		
		· · · · · · · · · · · · · · · · · · ·					
F		•					
-							
L		· · · · · · · · · · · · · · · · · · ·		<u> </u>			
as my/our at Trademark (tomey(s) (Office conr	or agent(s) to prose nected therewith.	cute the application i	dentified	above, and to	Iransact all business i	n the Patent and
Please cha	nga the co	orrespondence add	ress for the above-ld	entified a	enlication to:		
	•	oned Customer Nu		onunco o	ippiiodiioii to.		
OR	overnenu		mber.			Placo Customer Number Bar Code	
Practitio OR	ners at Cu	stomer Number				Label here	
☐ Firm or		.,,					
" Individua Address	I Name				<u> </u>		
Address	-						
City				State		ZIP	<u> </u>
				Sidle		ZIF	
Country							
Telephone				Fax			
I am the:							
	ant/invento						
			rest. See 37 CFR 3.7 enclosed. (Form PTO				
	-	SIG	NATURE of Applica	nt or As	signee of Reco	ord	
Name	Name Stephen C. Macevicz, Vice President, Adara BioSciences, Inc.						
Signature	Signature / Shilling						
Date 28 August 2003 Telephone (65					(650) 210-1223		
						r their representative	e(s) are required.
*Total		forms are submitte	ignature is required, ed.	see be			

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.